

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 200  
Registered No. 256

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 26 Warrior Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria De La Luz Pomo { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth Month Day Year <u>May 29-1929</u>
		5. No., in order of birth.		

<b>8. FATHER</b> Full name <u>Pito Pomo</u> 9. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u> 10. Color or race <u>Mex.</u> 11. Age at last birthday <u>48</u> (Years) 12. Birthplace (city or place) <u>Agua Caliente</u> (State or country) <u>Mex.</u> 13. Occupation Nature of Industry <u>Miner</u>		<b>14. MOTHER</b> Full maiden name <u>Maria Arila</u> 15. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u> 16. Color or race <u>Mex.</u> 17. Age at last birthday <u>39</u> (Years) 18. Birthplace (city or place) <u>Durango</u> (State or country) <u>Mex.</u> 19. Occupation Nature of Industry <u>Housewife</u>	
20. Number of children of this mother <u>12</u> (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>5</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 11:25 A.m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyrl M. Brown M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed June 19, 29 C. E. Joon  
Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

496-529-411